

DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☐
LAND OFFICE	☐
TRANSPORTER	OIL ☒ GAS ☒
OPERATOR	☒
PRODUCTION OFFICE	☐

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-101
Supersedes Old C-101 and C-111
RECEIVED 1-1-65

MAR 15 1983
O. C. D.
ARTESIA, OFFICE

Operator <u>Cities Service Oil & Gas Corporation</u>	
Address <u>P.O. Box 1919 - Midland, Texas 79702</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	<u>Change of Operator's Name</u> <u>is effective April 1, 1983.</u>
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☒ Condensate ☐	
If change of ownership give name and address of previous owner <u>Cities Service Company - P.O. Box 1919 - Midland, Texas 79702</u>	

DESCRIPTION OF WELL AND LEASE				
Lease Name <u>Cities Service Oil & Gas Corp. Tr. 1</u>	Well No. <u>109</u>	Pool Name, including Formation <u>Empire A No</u>	Kind of Lease <u>State, Federal</u>	Lease No. <u>LC-0287554</u>
Location Unit Letter <u>N</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>1900</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>17S</u> Range <u>27E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) <u>AMOCO Pipeline Co.</u> <u>2300 Continental National Bldg Bldg 76102</u>			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) <u>Cities Service Oil & Gas Corporation</u> <u>Box 300 - Tulsa, Oklahoma 74102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>N</u>	Sec. <u>35</u>	Twp. <u>17S</u>	Range <u>27E</u>
	Is gas actually connected?		When <u>5-59</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:									
COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Full Restv.	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <u>MAR 22 1983</u> , 19	
<u>Elmer Startz</u> (Signature) <u>Region Operations Manager</u> (Title) <u>March 14, 1983</u> (Date)		BY <u>Original Signed By</u> <u>Leslie A. Clements</u> TITLE <u>Supervisor District II</u>	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	